

STATE OF MISSISSIPPI



JIM HOOD
ATTORNEY GENERAL

GRANT HEDGEPEETH, DIRECTOR
CONSUMER PROTECTION DIVISION

Dear Consumer,

Thank you for bringing your complaint to our attention. It is our intent to help you reach a prompt resolution of this matter. In order for this office to properly consider your case, it will be necessary for you to follow the directions outlined below. While we may be able to offer advice, we cannot take action to assist you until the following steps have been completed.

1. Write a letter of complaint to the business which sold you the item or performed the service. Ask for specific and reasonable action from the company. Send the letter by certified mail with a return receipt requested.
2. If the business does not respond within ten working days, or if it indicates an unwillingness to work with you, complete the enclosed complaint form and mail it to the address indicated. Enclose **copies** of your letter to the business and any contracts, bills, receipts, or canceled checks. Remember, send copies, do not send originals. Allow three (3) weeks for a review of your complaint and a response from our office.

While we can sometimes assist with the mediation of a dispute when both parties are willing, we cannot by law act as a lawyer for any one person who has a dispute with another. Under the Mississippi Consumer Protection Act, the Attorney General is allowed to sue only to prevent unfair and deceptive business practices occurring statewide or affecting large numbers of people. Additionally, we can not arbitrate disputes between businesses.

We encourage consumers to send us information about suspected illegal business practices. Often, the more reports we receive, the clearer the practice is revealed. Numerous complaints may reveal a pattern of misconduct, allowing us to take action.

If we cannot assist you, we will refer you, whenever possible, to other more appropriate agencies or organizations which may be of assistance. In any event, we will do everything within our authority to help resolve your problem.

Thank you for your cooperation.

Sincerely,

JIM HOOD, ATTORNEY GENERAL

Sample Complaint Letter

(Your Address)
(Your City, State, ZIP Code)
(Date)

(Name of Contact Person, if available)
(Title, if available)
(Company Name)
(Consumer Complaint Division, if you
have no contact person)
(Street Address)
(City, State, ZIP Code)

Dear (Contact Person):

Re: (Account number, if applicable)

On (date), I)bought, leased, rented, or
had repaired) a (name of the product with
serial or model number or service performed)
at (location, date and other important
details of the transaction).

Unfortunately, your product (or service)
has not performed well (or the service was
inadequate) because (state the problem). I
am disappointed because (explain the problem:
for example, the product does not work properly,
the service was not performed correctly, I was
billed the wrong amount, something was not
disclosed clearly or was misrepresented, etc).

To resolve the problem, I would appreciate
your (state the specific action you want--money
back, charge card credit, repair, exchange, etc.)
Enclosed are copies (do not send originals) of
my records (include receipts, guarantees,
warranties, canceled checks, contracts, model and
serial numbers, and any other documents).

I look forward to your reply and a resolution
to my problem, and will wait until (set a time
limit) before seeking help from a consumer
protection agency or the Better Business Bureau.
Please contact me at the above address or by
phone at (home and/or office numbers with area
codes).

Sincerely,

(your name)

Enclosure(s)

cc: (reference to whom you are sending a copy of
this letter, if anyone)

>describe
purchase

>name of
product,
serial
numbers

>ask for
specific
action

>enclose
copies of
documents

>include date and
place of purchase

>state problem

>give history

>allow time for action

>state how you can
be reached

KEEP COPIES OF YOUR LETTER AND ALL RELATED DOCUMENTS.

OFFICE OF CONSUMER PROTECTION
Jim Hood, Attorney General
State of Mississippi
Post Office Box 22947
Jackson, Mississippi 39225-2947
Telephone (601) 359-4230, (800) 281-4418; Fax (601) 359-4231

OFFICE USE ONLY

Assigned to _____

Date assigned _____

Matter No. _____

Matter Type: Advocacy Fraud **Complaint Type:** Call Write Walk-in Referral

COMPLAINT FORM

ACTION DESIRED: Please check one. Repair item Replace item Refund (amount \$ _____)

CONSUMER INFORMATION:

Name _____ Age _____ Sex _____ Race _____
(Optional, for statistical purposes, only)

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Fax Number _____ E-mail Address _____

COMPANY INFORMATION: (complete information applying to your complaint)

Name _____ Business Phone: _____

Owner/Manager _____

Address _____ City _____ State _____ Zip _____

Name of person with whom you dealt _____

Product or service _____ Manufacturer _____

Model (year/type/number) _____ Serial Number _____

Date of purchase or service _____ Place of purchase or service _____

Amount paid _____ Amount financed _____

Date of your last contact with business _____

With whom did you speak? _____ His/Her title? _____

What was the response? _____

INCLUDE COPIES OF ALL CORRESPONDENCE WITH THIS COMPLAINT FORM

Have you retained a private attorney regarding this matter? Yes _____ No _____

What other agencies have you contacted about this complaint? _____

Do you know of others with similar complaints against this company?

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUMMARY OF COMPLAINT

(Briefly describe your complaint. Include specific dates. Please remember a copy of this form will be given to the business. Attach additional sheets if necessary.)

Attach **COPIES** of any relevant documents such as letters, bills of sale, contracts, warranties, advertisements, work orders, bills, etc. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

Check Action Desired: _____ **Repair Item** _____ **Replace Item** _____ **Refund (amount \$ _____)**

AFFIDAVIT

By signing this complaint, I consent for my name to be used by the Attorney General's Office in any subsequent legal action that is deemed necessary.

I hereby swear or affirm that the above statements are true and correct to the best of my knowledge.

Signature

Date

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